

Name
in
Full

Benjamin Franklin Burdon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Edwards</i> Town		<i>St. Mary's</i> County		MARYLAND	
Date of death	<i>1909</i> Year	<i>June</i> Month	<i>11</i> Day	Age <i>14</i> Years	<i>6</i> Months <i>11</i> Days
Sex <i>Male</i>	Color or Race <i>African</i>		Birth-place <i>St Mary's G Md</i>		
Occupation <i>Latroon</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>John C Burdon</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Sarah Clayton</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Wm L Clayton</i>			How related to deceased <i>Uncle</i>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>6 mo</i>
Immediate <i>Asthma Et Exhaustion</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C L Cecil</i>
<i>According to best info</i>	Address <i>St Edwards</i>
<i>Medical Attendant</i>	<i>Md</i>
Accident or Suicide?	



Name
in
Full

Edwin Brown Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

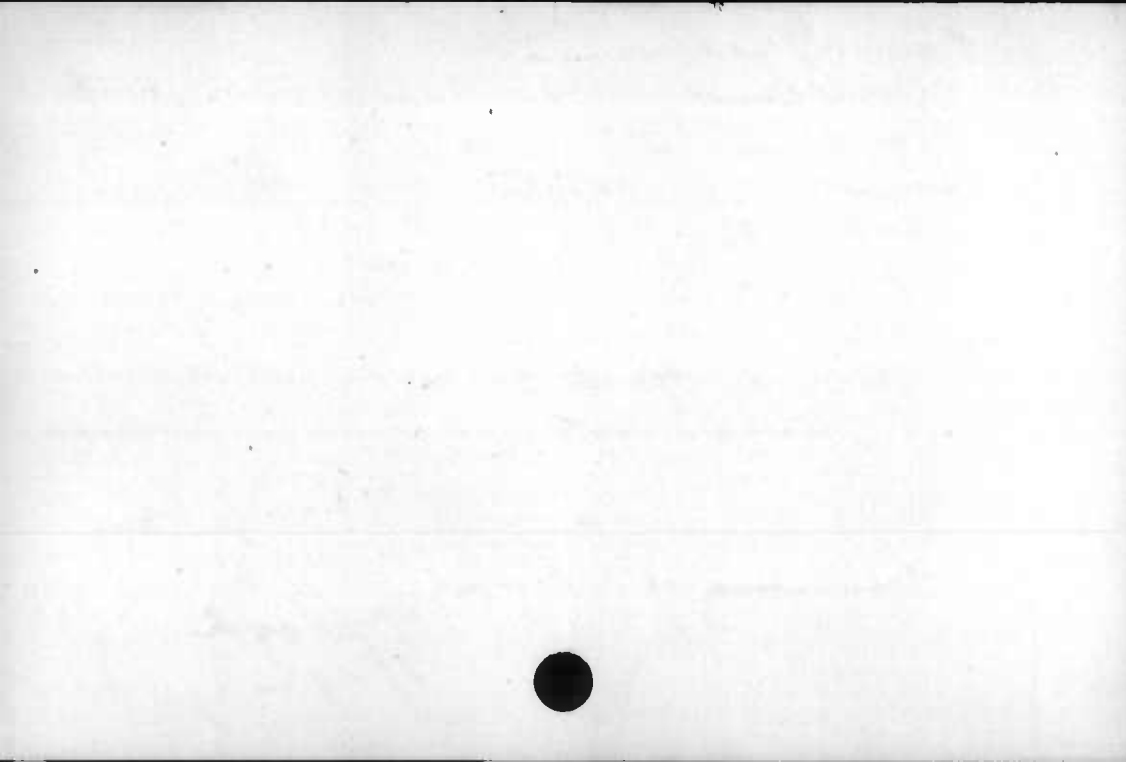
Died at *St. George's Island* *St. Mary's* CountyDate of death *1909* Month *June* Day *7* Age *14* Months *—* Days *—*Sex *Male* Color or Race *White* Birth-place *St. George's Island*Occupation *Waterman* Where Residing if not at place of deathMarried, Single or Widowed *Single* Name of Wife or HusbandFather's Name *James E. Brown*Father's Birthplace *Maryland*Mother's Maiden Name *Annie Chesson*Mother's Birthplace *St. George's Island*Name of person giving information *Clinton Henderson*How related to deceased *not stated*

CAUSES OF DEATH

72 XPrimary *Punctured Wound of Foot*How long *6 days*Immediate *Traumatic Tetanus*How long *36 hours*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *P. Horner Lynch, M.D.*

Address

Accident or Suicide? *Accident*



Name
in
Full

Edna Green

CERTIFICATE OF DEATH

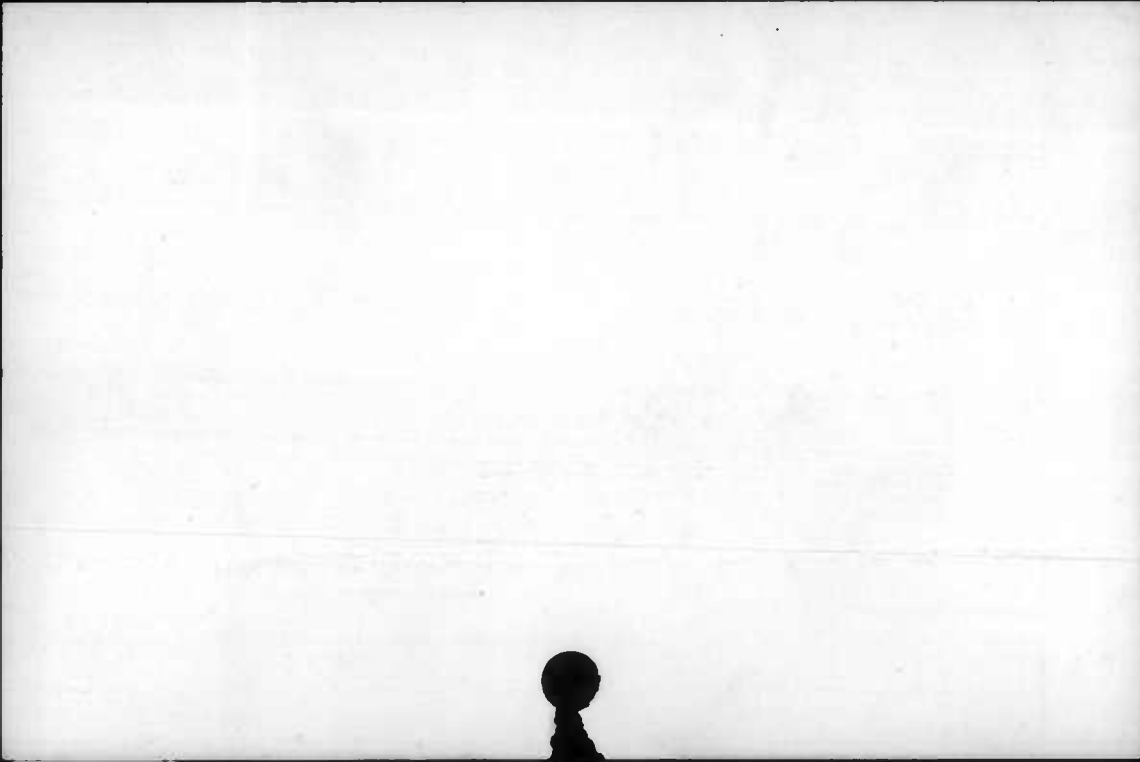
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Scotland</u> <small>Town</small>		<u>St Marys</u> <small>County</small>		MARYLAND	
Date of death <u>1909</u>	<u>June</u> <small>Month</small>	<u>5</u> <small>Day</small>	<u>10</u> <small>Years</small>	<u></u> <small>Months</small>	<u></u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>St Marys</u>		
Occupation <u>never know</u>			Where Residing if not at place of death <u></u>		
Married, Single or Widowed <u></u>		Name of Wife or Husband <u>never know</u>			
Father's Name <u>Geo Green</u>			Father's Birthplace <u>md</u>		
Mother's Maiden Name <u>Emma Yeatman</u>			Mother's Birthplace <u>md</u>		
Name of person giving information <u>Geo Green</u>			How related to deceased <u>Sister</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Measles</u>	How long <u>7 days</u>
Immediate <u>Pneumonia at E Houston</u>	How long <u>2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>ye</u>	Signature of Physician <u>H. Floyd</u>
	Address <u>Ridge</u>
	<u>md</u>
Accident or Suicide? <u></u>	



Name
in
Full

Meniet Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

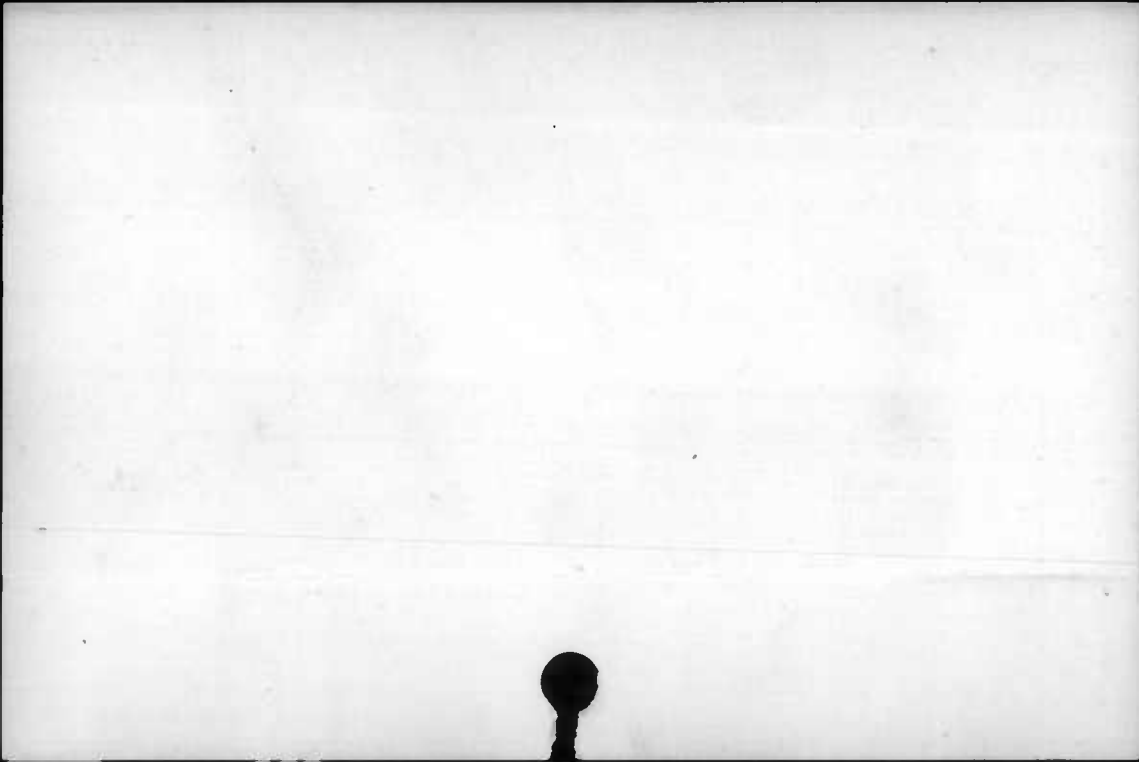
Died at <u>Scotland</u> ^{Town}		<u>St Marys</u> ^{County}		MARYLAND	
Date of death <u>1909</u>	Month <u>June</u>	Day <u>18</u>	Age <u>3</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>St Marys</u>		
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed _____		Name of Wife or Husband _____			
Father's Name <u>Geo Green</u>		Father's Birthplace <u>md</u>			
Mother's Maiden Name <u>Emma Yeatman</u>		Mother's Birthplace <u>md</u>			
Name of person giving Information <u>Geo Green</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <u>Cholera Infantum</u>	How long <u>36 hours</u>
Immediate <u>Exhaustion</u>	How long <u>3 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Dr. H. Long</u>
	Address <u>Ridge md</u>
Accident or Suicide? _____	



Name
in
Full

Barbara Priscilla Hayden -

CERTIFICATE OF DEATH

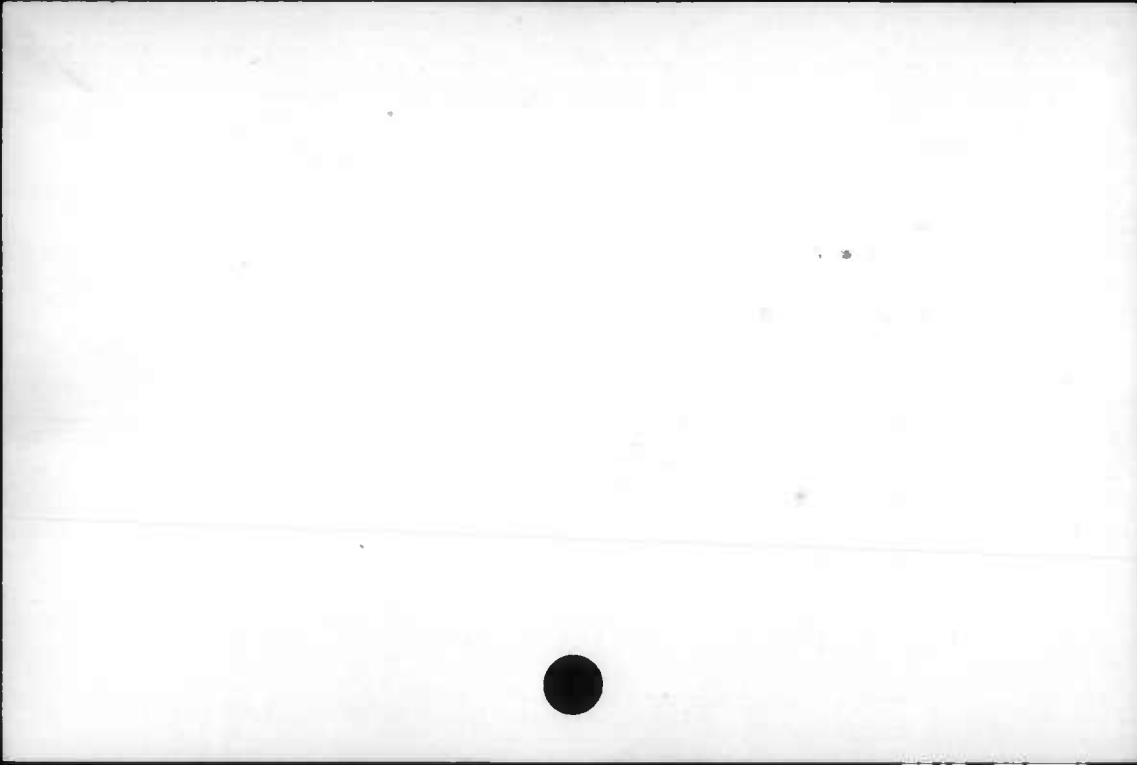
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Morgantz</i> ^{Town}		<i>St Marys</i> ^{County}		MARYLAND	
Date of death	<i>1909</i>	<i>June</i> ^{Month}	<i>25</i> ^{Day}	Age <i>37</i> ^{Years}	<i>1</i> ^{Months} <i>13</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md.</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death -				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>J. Went Hayden -</i>				
Father's Name <i>Daniel Bowles</i>	Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Priscilla Graves</i>	Mother's Birthplace <i>Md.</i>				
Name of person giving Information <i>J. Went Hayden</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Eclampsia</i>	How long <i>One day</i>
Immediate <i>Uremic Coma -</i>	How long <i>...</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>L. B. Johnson -</i>
	Address <i>Morgantz -</i>
Accident or Suicide	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Sarah Dana Hodgdon

Town

County

Died at

Pawtucket

St. Marys

MARYLAND

Date

of death

1909

Month

June

Day

24th

Age

43

Years

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Wilkes-Barre Pa.

Occupation

Housekeeper + Mgr. of household

Where Residing if not
at place of deathMarried, Single
or Widowed

Widowed

Name of Wife or
Husband

Capt John Hodgdon.

Father's
Name

Anderson Dana

Father's
Birthplace

Wilkes-Barre

Mother's
Maiden Name

Mary Hammer

Mother's
Birthplace

" "

Name of person giving
Information

Son Dr. L. A. Hodgdon

How related
to deceased

Son

CAUSES OF DEATH

Primary

Paralysis

How long

5 months

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

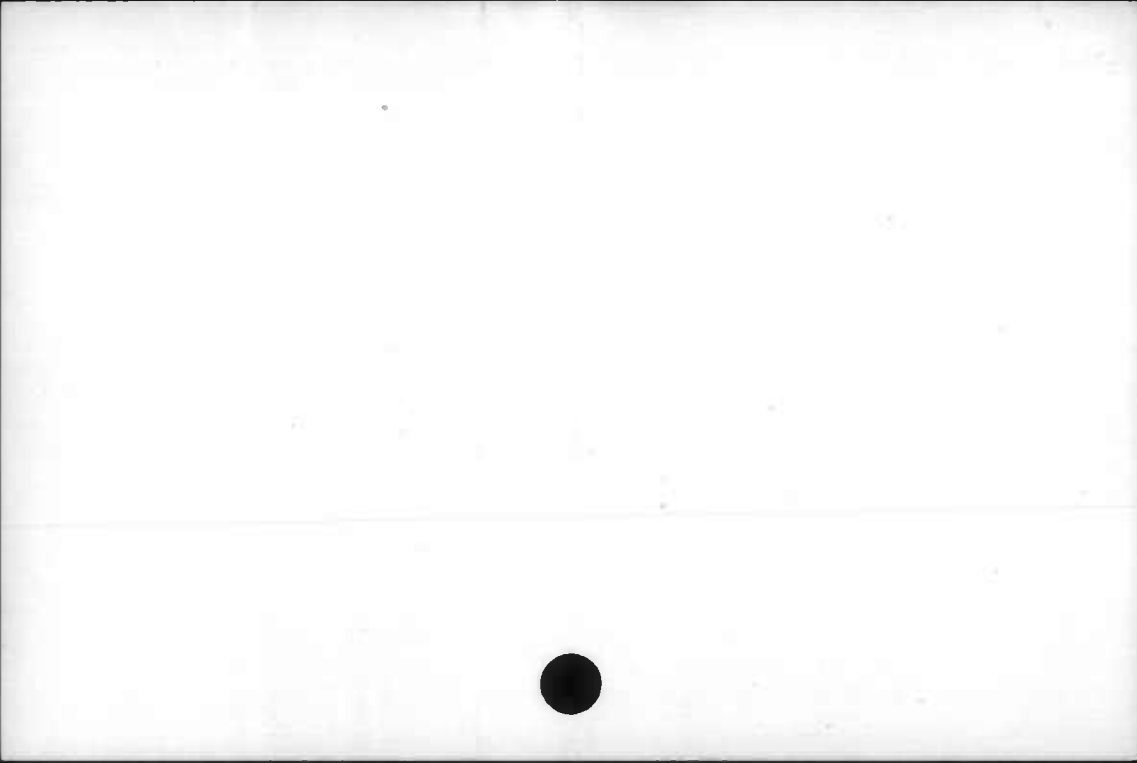
Harry Richardson

Address

Great Mills, Ma

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John H. Herbert.

Died at *Clements* Town *St. Marys* County

Date of death *1909 June 26* Month *June* Day *26* Age *70* Years Months Days

Sex *Male* Color or Race *Colored* Birth-place *MD.*

Occupation *laborer* Where Residing if not at place of death *-*

Married, Single or Widowed *Married* Name of Wife or Husband *-*

Father's Name *Not known* Father's Birthplace

Mother's Maiden Name *" "* Mother's Birthplace

Name of person giving information *James Young* How related to deceased *Householder*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary *Tuberculosis lungs -* How long *3 years*

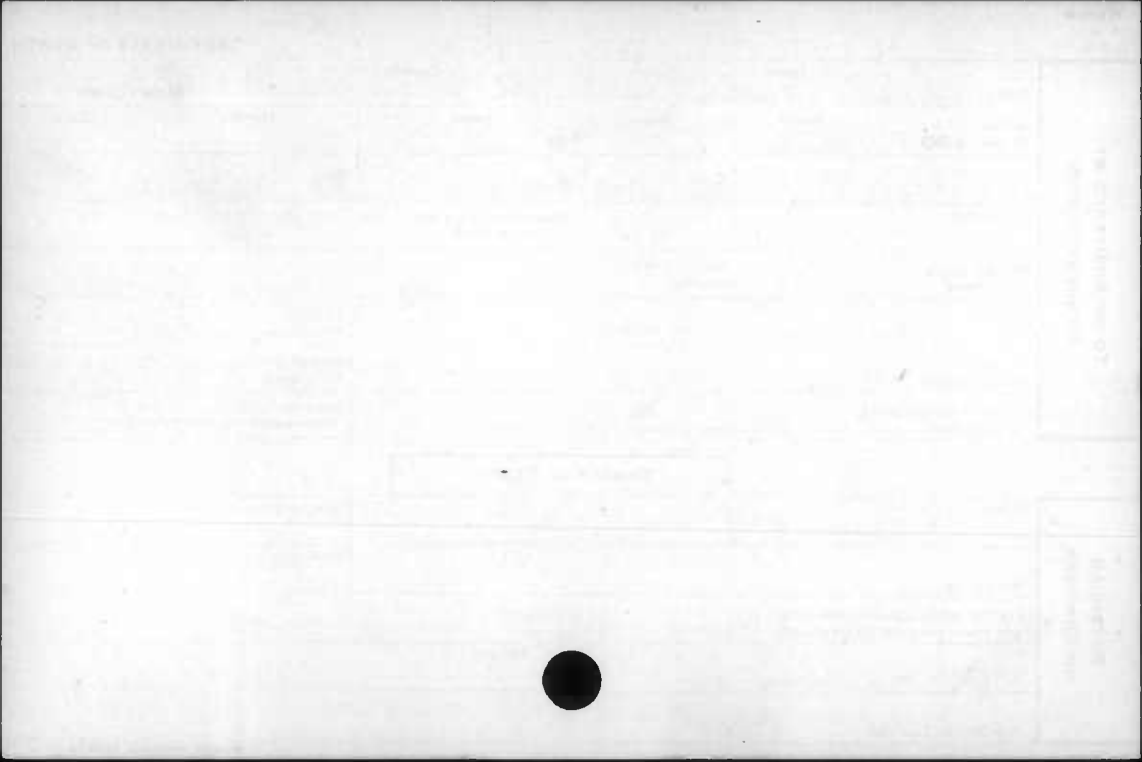
Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *L. B. Johnson*

Address *Maryland*

Accident or Suicide?



Name
in
Full

X

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Sau Gato ^{Town} St. Marys ^{County} MARYLAND

Date of death 1909 ^{Month} June ^{Day} 1 ^{Years} 3 ^{Months} ^{Days}

Sex Female Color or Race White Birth-place Ind.

Occupation None Where Residing if not at place of death

~~Married, Single~~
~~or Widowed~~

Name of Wife or
HusbandFather's
NameEdmund JoyFather's
BirthplaceInd.Mother's
Maiden NameMiss CraddMother's
BirthplaceInd.Name of person giving
InformationEdmund JoyHow related
to deceasedFoster

CAUSES OF DEATH

Primary

Phlebotomy

How long

10524 Hrs

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?YesSignature of
Physician

Address

J. O. King
Corbiller

Accident or Suicide?



Name
in
Full

Harney Redman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

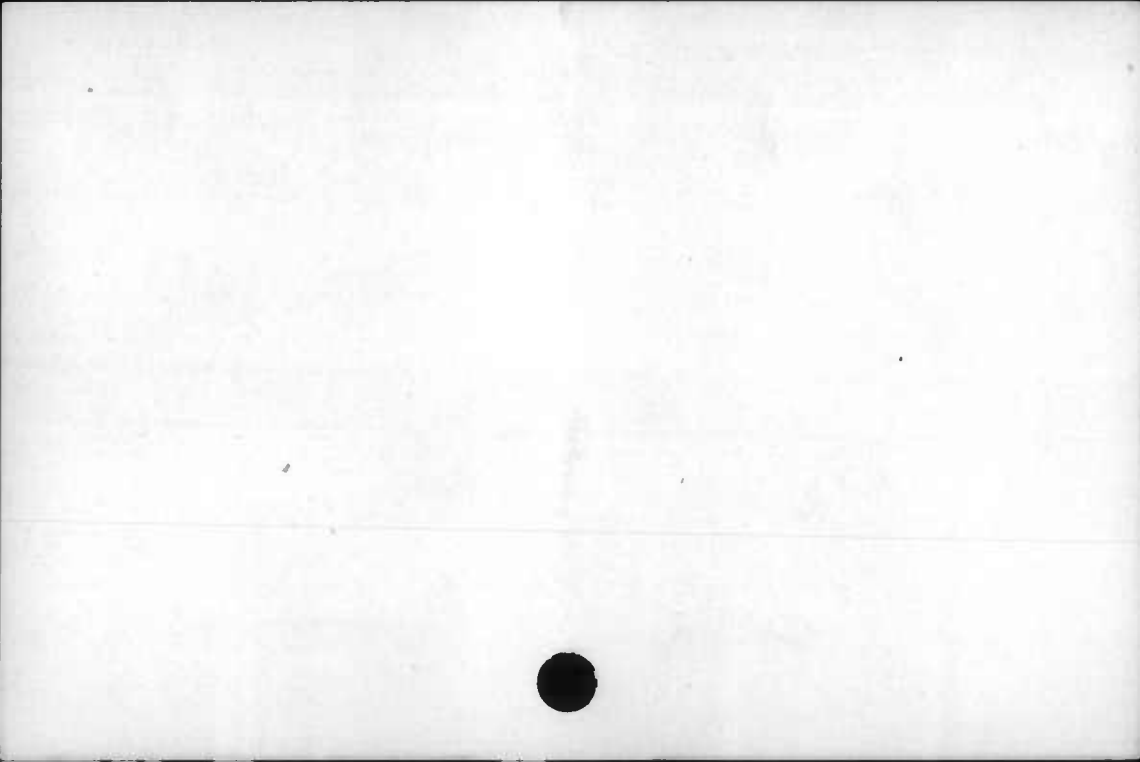
Died at		Town Valley Lee,		County St. Mary's		MARYLAND	
Date of death	1909	Month June	Day 6	Age 2	Years 2	Months 2	Days —
Sex	Male		Color or Race	White		Birth- place	St. Mary's Cmd.
Occupation	None			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Joseph Redman				Father's Birthplace	Unknown	
Mother's Maiden Name	Mary Hewitt				Mother's Birthplace	St. Mary's Cmd.	
Name of person giving In formation	Thomas McKay				How related to deceased	Not related	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Intestinal Catarrh		How long	5 days
Immediate	Cholera infantum		How long	48 hours
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			T. Horner Lynch, M.D.	
			Address	
			Valley Lee,	
			Md.	
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Jack Taylor Jr.
Valley Lee

Town

St. Mary's

County

MARYLAND

Date

of death 1909

Month

June

Day

14

Years

Age Not known

Months

8

Days

Sex

Male

Color or
Race

Colored

Birth-
place

St. Mary's Md.

Occupation

None

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Jack Taylor

Father's
Birthplace

St. Mary's Md.

Mother's
Maiden Name

Ellen Greenwell

Mother's
Birthplace

St. Mary's Md.

Name of person giving
In formation

Jack Taylor

How related
to deceased

Father

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary

Intestinal Catarrh

How long

2 weeks

Immediate

Cholera dysenteriae

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

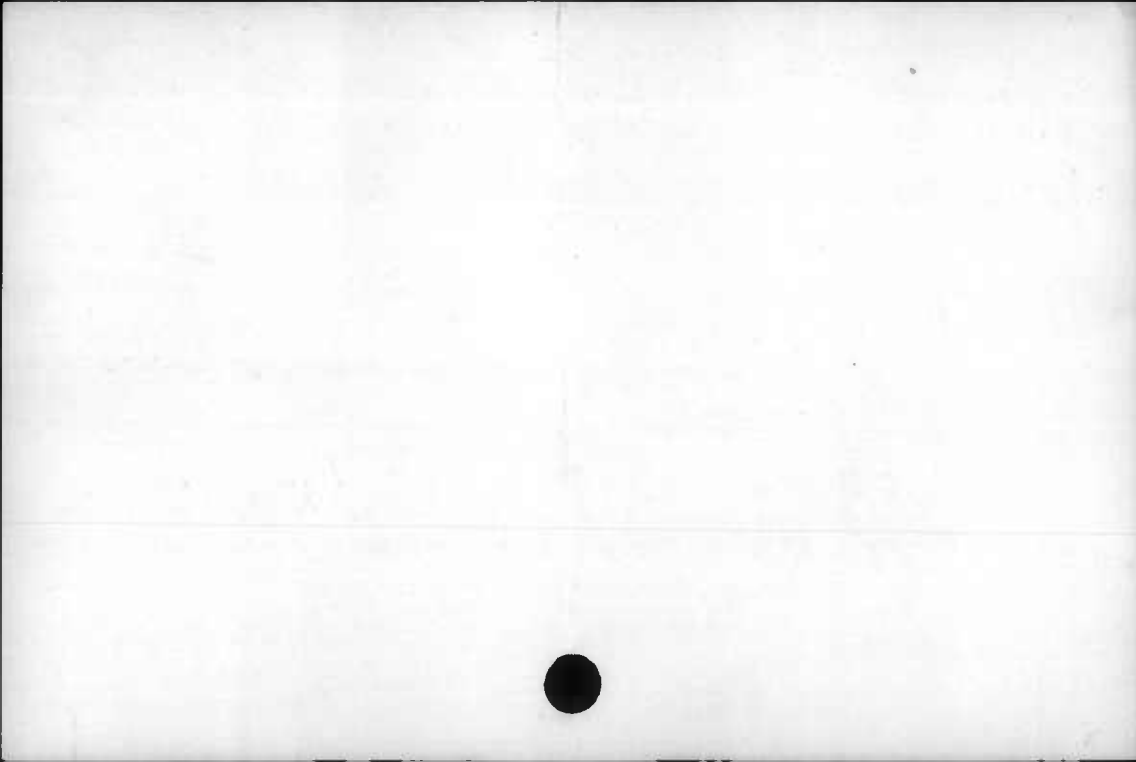
Signature of
Physician

P. Horfe Lynch, M.D.

Address

Valley Lee, Md.

Accident or Suicide?



Name
in
Full

Laura Estelle Washington

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Millstone</u> Town		<u>St. Marys</u> County		MARYLAND	
Date of death	1909	Month	June	Day	third
Age	Twenty One	Years		Months	
Sex	Female	Color or Race	Colored	Birth-place	Maryland
Occupation	Waitress		Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	George Washington			Father's Birthplace	Maryland
Mother's Maiden Name	Laura Cole			Mother's Birthplace	Maryland
Name of person giving information	Laura Washington			How related to deceased	Mother

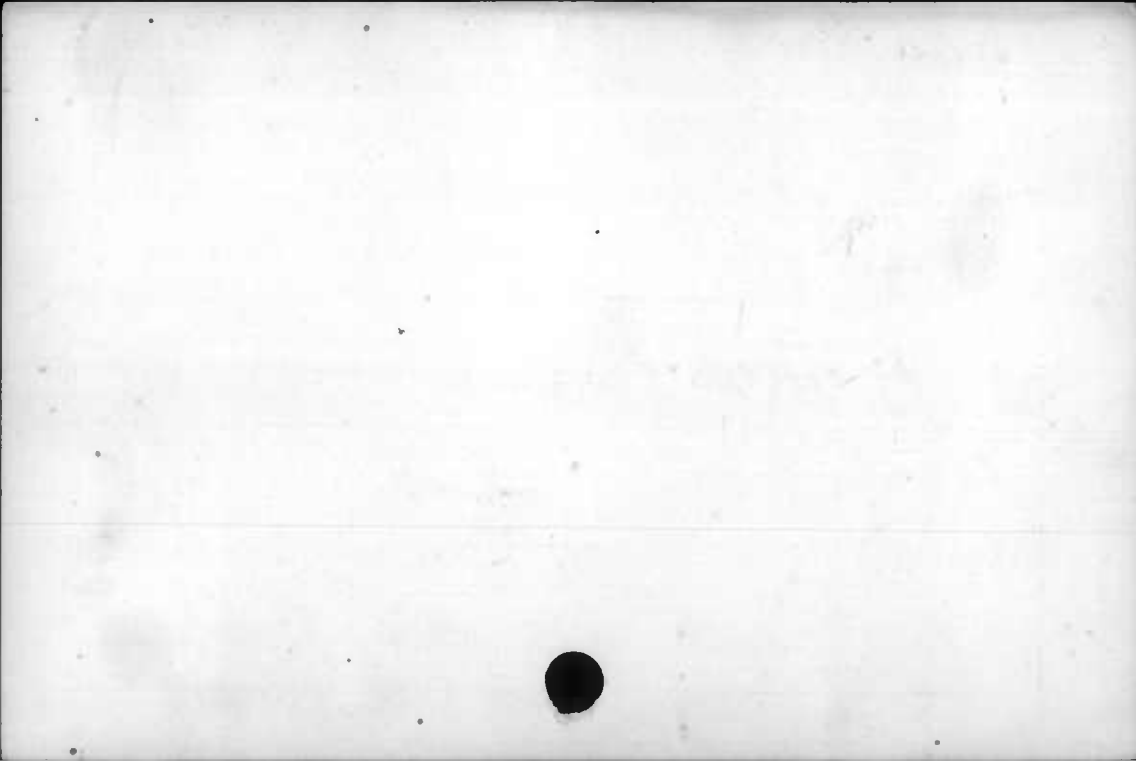
Puerperal thrombosis.

CAUSES OF DEATH

140

PHYSICIAN
OR CORONER

Primary	Difficult child birth and heart clots	How long	Heart clots
Immediate		How long	Caused death in a few hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	A. L. Hoelger
		Address	Pearson Post Office Maryland
Accident or Suicide?			



Name
in
Full

Maggie Wise

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

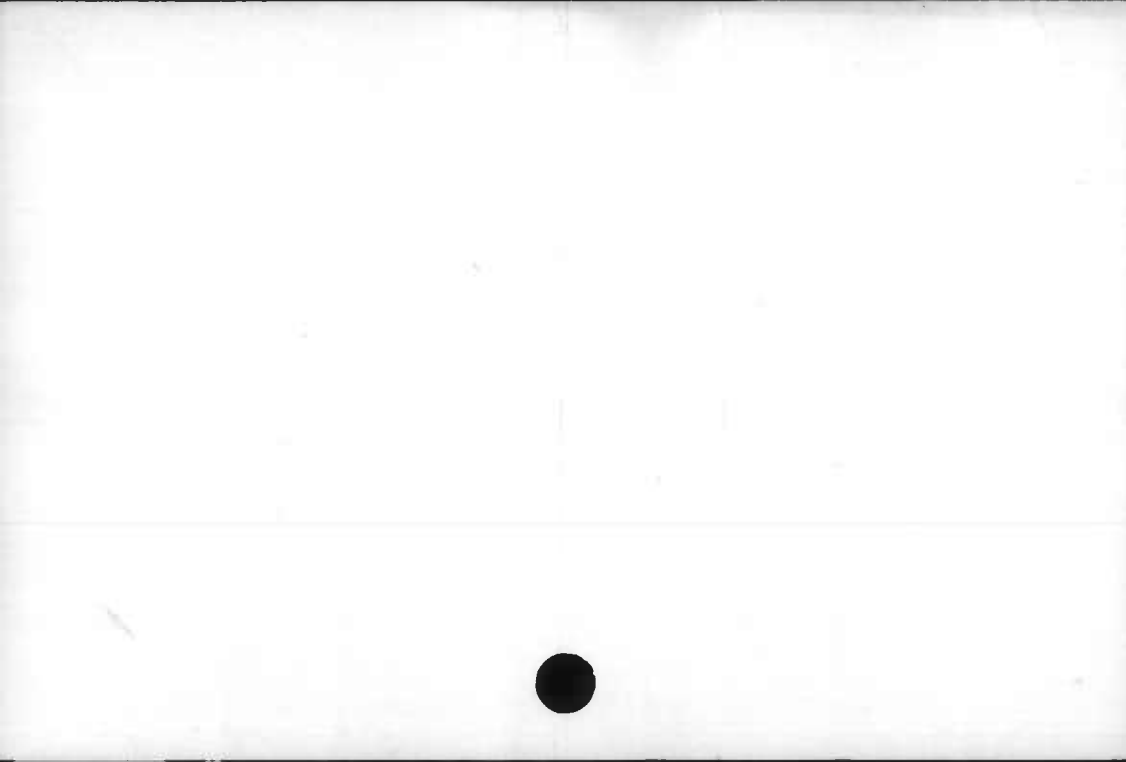
Died at		Town		County		MAYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		June	28	Age	40		
Sex	Female	Color or Race	White	Birth-place			
Occupation	Housekeeper			Where Residing if not at place of death	St. Mary's Co.,		
Married, Single or Widowed	Widowed			Name of Wife or Husband	Frank Wise		
Father's Name	Wm. H. Tucker			Father's Birthplace	St. Mary's Co.,		
Mother's Maiden Name	Letha Greenwell			Mother's Birthplace	St. Mary's Co.,		
Name of person giving Information	Daughter.			How related to deceased	Daughter		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Consumption	How long	Many years
Immediate	"	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Harry Richardson
Yes		Address	East Mills Md.
Accident or Suicide			



Name
In
Full

Not named word.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Byrnes</u> Town <u>St Marys</u> ^{Town}		MARYLAND	
Date of death <u>1909</u> Month <u>June</u> Day <u>16</u>	Age <u> </u> Years <u> </u> Months <u> </u> Days <u> </u>		
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>MU</u>	
Occupation <u> </u>		Where Residing if not at place of death <u> </u>	
Married, Single or Widowed <u> </u>	Name of Wife or Husband <u> </u>		
Father's Name <u>Dolia Wood</u>	Father's Birthplace <u>MS</u>		
Mother's Maiden Name <u>Blouck Tenyson</u>	Mother's Birthplace <u>M</u>		
Name of person giving information <u>Dolia Wood</u>	How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Premature Delivery</u>	How long <u>8</u> hours
Immediate <u>7 mo</u>	How long <u>6</u> hours
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>W. Lloyd</u>
	Address <u>Bridge</u>
Accident or Suicide?	



Name
in
Full

Not Named Wood.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Wynns</u> Town		<u>St Marys</u> County		MARYLAND	
Date of death	<u>1909</u> Month <u>June</u>	Day <u>16</u>	Age	Years	Months
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Md</u>			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <u>Dolie Wood</u>		Father's Birthplace <u>Md</u>			
Mother's Maiden Name <u>Blanche Penayson</u>		Mother's Birthplace <u>Md</u>			
Name of person giving information <u>Dolie Wood</u>		How related to deceased <u>Taetus</u>			

CAUSES OF DEATH

Primary	<u>Premature Delivery</u>	How long <u>7 months</u>	How long <u>4 hours</u>
Immediate			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>[Signature]</u>	Address <u>[Signature]</u>
Accident or Suicide?			

PHYSICIAN
OR CORONER

